2:Man G-5 (1869-1880)1932 AZ2 Andamans AZ2

142 Dr. Dobson, in noticing a marked case of this kind, drew attention to the fact of its differing from steatopyga, thereby distinguishing them in this respect from Hottentots.

2. Albinism and polydactylism are unknown, and only one case of erythrism, and that of a faint type, has been observed, or is known to the natives of our acquaintance.[1]

3. No instance appears of obliquity of vision, of cleft palate, absence of teeth, or of supernumerary teeth, and only one of proguathism[2] and hare-lip respectively. Cases of "Darwin's point" in the ear are constantly met with.

158 **Pathology.**—1. No idiots, maniacs, or lunatics have ever yet been observed among them, and this is not because those so [057] afflicted are killed or confined by their fellows, for the greatest care and attention are invariably paid to the sick, aged, and ●732 helpless. Two or three cases of hunchback and lateral curvature of the spine have come under notice, but instances of the kind are evidently very rare.

164 2. It has often been observed, that though the Andamanese waste away very rapidly in sickness, they regain flesh with equal facility when convalescent; but, nevertheless, they possess so little vital power, that they readily succumb to diseases against which others usually struggle successfully:[3] indeed, they appear to suffer as much, if not more, than individuals of alien races from the febrile disorders—mainly attributable to malaria, so prevalent throughout these islands—which frequently lay the foundation of chest complaints, from which they rarely recover.

3. Pulmonary consumption and other forms of pectoral disease are among the chief causes of mortality among these tribes.[4] These disorders do not appear to be confined to, or to be more prevalent in, certain districts, but there is little doubt that they have been most frequent amongst those living in the homes provided for their benefit in and near our settlements in South Andaman.[5]

[1] In no other particular does this case appear to differ from the rest.

[2] As Professor Owen, F.R.S., truly remarks, "their prognathism is not more than is found in most of the Southern Asiatic peoples, and, indeed, in the lower orders of men in all countries, and may be due or relate to the prolonged sucking of the plastic infant." (*Vide* "Brit. Asso. Reports," 1861.)

[3] This not only refers to maladies introduced by the alien population, such as measles, venereal diseases, &c., but to those complaints from which they suffered prior to the establishment of the settlement.

[4] In reference to complaints of this nature, it may interest some to know that Dr. De Jongh's cod liver oil was largely used in the homes, and with considerable benefit to the patients, several recoveries having resulted therefrom. From inquiry it would seem that cases of constipation are comparatively rare, and that diarrhœa is almost the habitual state of their excretory functions.

[5] As this circumstance was traced to the system of giving them clothes to be worn at our various stations, and when visited by Europeans, it was deemed advisable to modify the regulation and to supply them only with drawers, leaving the upper part of the body exposed. A marked improvement in the general health resulted from this change.

3: Temple G-5 (1901) 1903 AZ2 Andamans AZ2

or severe injury. However, like many of the lower mammals, they recover quickly from illness when they overcome it.

Idiocy, insanity and natural deformities are rare among them. Epilepsy is however recognised and homicidal mania occurs sometimes with concomitants of insanity, such as eating raw flesh or earth and drinking the blood of the victim.

An unintentional artificial depression of the forehead and sides and top of the skull is produced in some women, chiefly among the Onges, caused by using a strap to carry loads on the back when young.

No parts of the body are intentionally pierced, injured, or deformed for the wearing of ornaments and other purposes, though the skin is extensively tatooed.

The statements at my disposal as to the relative prevalence of diseases among the Andamanese and their relative fatality are unsatisfactory, but so far as I can make out the following is a fair statement of the case in order of importance :—

I.—Fevers	43 per cent. of all cases.
II.—Respiratory organs	35 " " "
III.—Digestive organs	18 " " "
IV.—Other diseases	4 " " "

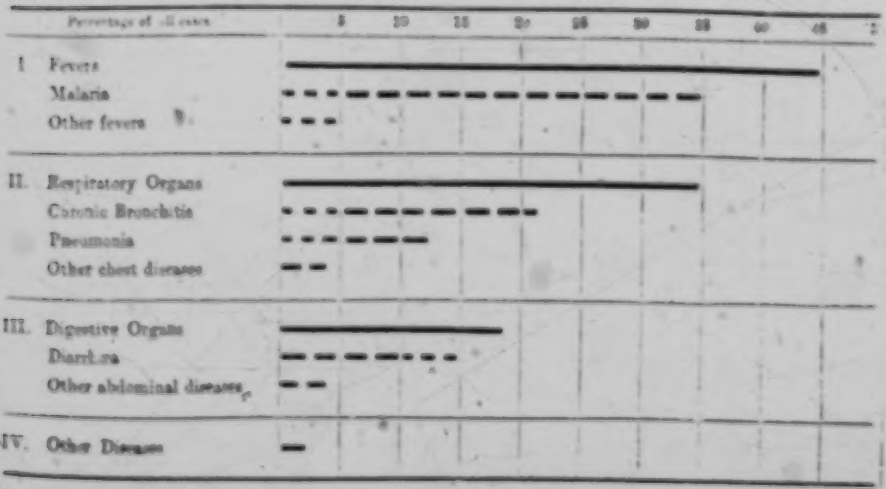
These classes may be further divided up more specifically thus :—

I.—Malaria	40 per cent. of all cases.
Other fevers	3 " " "
II.—Chronic bronchitis	21 " " "
Pneumonia	14 " " "
Other chest diseases	3 " " "
III.—Diarrhœa	13 " " "
Other abdominal diseases	5 " " "
IV.—Other diseases	1 " " "

Without placing too much reliance on the above table, it serves to bring out the fact that among the Andamanese, as among the alien immigrants, malarial fevers are the overwhelming prevalent causes of sickness. As also in the case of immigrants, malarial fevers are not nearly so fatal in proportion to cases as the diseases of the respiratory and digestive organs. Thus I make out that deaths from malarial fevers occur in 8·5 per cent. of the cases, while those from diseases of the respiratory organs in 90 per cent., and of the digestive organs in 74 per cent. These considerations prepare us for the old statement that the prevalent diseases among the Andamanese are climatic and the same as those of the foreign immigrants.

The following diagram brings into clear relief the relative prevalence of diseases among the Andamanese as disclosed by the above tables :—

Diagram of Relative Prevalence of Diseases among the Andamanese.



6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

common in the Andamans, said by RADCLIFFE-BROWN (p. 273) to be eaten by the Andaman Islanders as a protection against rheumatism, is never killed. For some superstitious reason the Onge are simply horrified at the thought of touching such an enormous flying bat. Among the fruits, those of a plant whose wood has such a revolting smell that it is known, in English, as "stool-tree", are believed to have exceptional protective properties for the human body. The fruits themselves smell even worse than the wood, but this, to the Onge, makes them appetizing rather than disgusting. Concerning honey, and the many sugary fruits of the jungle that are available all the year round, the Onge luckily ignore the simple method of distilling alcohol. No intoxicating drink reaches Little Andaman from the outer world, whereas in Great Andaman alcohol, together with imported syphilis, was one of the main causes of depopulation. No syphilis appears as yet to have reached Little Andaman. This is also confirmed by the research carried out by Dr. HERMANN LEHMANN of London's St. Bartholomew's Hospital, during February 1953 in my Onge camp in Labanare (north-east coast of Little Andaman).

II. Effects on the People's Lives

The islanders die young, specially the men. The majority of them succumb before reaching the age of 20; most of the survivors die between 20 and 40; the rest – with a very few exceptions – before 50. Women, after marriage, follow a similar pattern: the death rate among women, however, is slightly different owing to a less corrosive sexual life. Some women may live to the age of sixty, but both sexes age soon, appearing older than their years when still in their twenties. The short Onge span of life recalls conditions which apparently prevailed among prehistoric and protohistoric men. Palaeolithic man died at an earlier age than modern man. The Onge today, in many respects, behaves as palaeolithic man behaved countless centuries ago. – Infant mortality is high; the first five days of life are the most critical for the Onge, owing, in part, to the hard life led by mothers even during pregnancy, which often causes functional damage to the placenta. Delivery is generally easy and traumatic injury rarely occurs; but premature births are common, and so are malformations and other anomalies. Imperfect infants are quickly eliminated by their parents. As a result, only a small number of children are allowed to grow up, but these appear normal. There are no blind and no deaf-and-dumb people in Little Andaman. I saw only two instances of incipient lameness: in an unmarried boy of about twenty and in a young married woman. Only robust infants can survive.

The Onge, so careful about their food, are completely indifferent to something else that is considered very harmful in continental and insular regions close to the Andamans. There, menstruating women are often segregated and considered harmful to the entire community. Not so in Little Andaman, where the remedies applied in the circumstance are extremely primitive (cf. supra) and could probably be traced to palaeolithic man. I saw nothing